

UNIFORMED SERVICES HEALTH PROFESSIONS REVITALIZATION ACT OF 1971

SEPTEMBER 28, 1971.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. HÉBERT, from the Committee on Armed Services,
submitted the following

REPORT

[To accompany H.R. 2]

The Committee on Armed Services, to whom was referred the bill (H.R. 2) to establish a Uniformed Services University of the Health Sciences, having considered the same, report favorably thereon with amendments and recommend that the bill as amended do pass.

The amendments are as follows:

Strike out all after the enacting clause and insert the following:
That this Act may be cited as the "Uniformed Services Health Professions Revitalization Act of 1971".

SEC. 2. Title 10, United States Code, is amended as follows:

(1) By adding the following new chapters after chapter 103:

"Chapter 104.—UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

"Sec.

"2112. Establishment.

"2113. Board of regents.

"2114. Students: selection; status; obligation.

"2115. Graduates: limitation on number electing to perform civilian Federal duty.

"2116. Reports to Congress.

"2117. Appropriations: limitation.

"§ 2112. Establishment

"(a) There is hereby authorized to be established within 25 miles of the District of Columbia a Uniformed Services University of the Health Sciences (hereinafter referred to as the "University"), at a site or sites to be selected by the Secretary of Defense, with authority to grant appropriate advanced degrees. It shall be so organized as to graduate not less than 100 medical students annually, with the first

class graduating not later than 10 years after the date of the enactment of this chapter.

"(b) Except as provided in subsection (a), the numbers of persons to be graduated from the University shall be prescribed by the Secretary of Defense.

"(c) The development of the University may be by such phases as the Secretary of Defense may prescribe, subject to the requirements of subsection (a).

"§ 2113. Board of regents

"(a) The business of the University shall be conducted by a Board of Regents (hereinafter referred to as the "Board") with funds appropriated for and provided by the Department of Defense. The Board shall consist of—

"(1) nine persons outstanding in the fields of health and health education who shall be appointed from civilian life by the President, by and with the advice and consent of the Senate;

"(2) the Secretary of Defense, or his designee, who shall be an ex officio member;

"(3) the surgeons general of the uniformed services, who shall be ex officio members; and

"(4) the person covered by subsection (d).

"(b) The term of office of each member of the Board (other than ex officio members) shall be six years except that—

"(1) any member appointed to fill a vacancy occurring before the expiration of the term for which his predecessor was appointed shall be appointed for the remainder of such term;

"(2) the terms of office of the members first taking office shall expire, as designated by the President at the time of the appointment, three at the end of two years, three at the end of four years, and three at the end of six years.

"(c) One of the members of the Board (other than an ex officio member) shall be designated by the President as Chairman. He shall be the presiding officer of the Board.

"(d) The Board shall appoint a Dean of the University (hereinafter referred to as the "Dean") who shall also serve as a nonvoting ex officio member of the Board.

"(e) Members of the Board (other than ex officio members) while attending conferences or meetings or while otherwise performing their duties as members shall be entitled to receive compensation at a rate to be fixed by the Secretary of Defense, but not exceeding \$100 per diem and shall also be entitled to receive an allowance for necessary travel expenses while so serving away from their place of residence.

"(f) The Board, after considering the recommendations of the Dean, shall obtain the services of such military and civilian professors, instructors, and administrative and other employees as may be necessary to operate the University. Civilian members of the faculty and staff shall be employed under salary schedules and granted retirement and other related benefits prescribed by the Secretary of Defense so as to place the employees of the University on a comparable basis with the employees of fully accredited schools of the health professions within the vicinity of the District of Columbia. The Board may confer academic titles, as appropriate, upon military and civilian members of the faculty. The military members of the faculty shall include a professor of military, naval, or air science as the Board may determine.

“(g) The Board is authorized to negotiate agreements with agencies of the Federal Government to utilize on a reimbursable basis appropriate existing Federal medical resources located in or near the District of Columbia. Under such agreements the facilities concerned will retain their identities and basic missions. The Board is also authorized to negotiate affiliation agreements with an accredited university or universities in or near the District of Columbia. Such agreements may include provisions for payments for educational services provided students participating in Department of Defense educational programs. The Board may also, subject to the approval of the Secretary of Defense, enter into an agreement under which the University would become part of a national university of health sciences should such an institution be established in the vicinity of the District of Columbia.

“(h) The Board may establish postdoctoral, postgraduate, and technological institutes.

“(i) The Board shall also establish programs in continuing medical education for military members of the health professions to the end that high standards of health care may be maintained within the military medical services.

“§ 2114. Students: selection; status; obligation

“(a) Students at the University shall be selected under procedures prescribed by the Secretary of Defense. In so prescribing, the Secretary shall consider the recommendations of the Board. However, selection procedures prescribed by the Secretary of Defense shall emphasize the basic requirement that students demonstrate sincere motivation and dedication to a career in the Uniformed Services.

“(b) Students shall be commissioned officers of a uniformed service as determined under regulations prescribed by the Secretary of Defense after consulting with the Secretary of Health, Education, and Welfare. Notwithstanding any other provision of law, they shall serve on active duty in pay grade O-1 with full pay and allowances of that grade, but shall not be counted against any prescribed military strengths. Upon graduation they shall be appointed in a regular component, if qualified, unless they are covered by section 2115 of this title. Students who graduate shall be required, except as provided in section 2115 of this title, to serve thereafter on active duty under such regulations as the Secretary of Defense or the Secretary of Health, Education, and Welfare, as appropriate, may prescribe for not less than seven years, unless sooner released. The service credit exclusions specified in section 2126 of this title shall apply to students covered by this section.

“(c) A period of time spent in military intern or residency training shall not be creditable in satisfying an active duty obligation imposed by this section.

“(d) A member of the program, who under regulations prescribed by the Secretary of Defense, is dropped from the program for deficiency in conduct or studies, or for other reasons, may be required to perform active duty in an appropriate military capacity in accordance with the active duty obligation imposed by this section.

“§ 2115. Graduates: limitation on number electing to perform civilian Federal duty

“Not more than 20 per centum of the graduates of any one class at the University may agree in writing to perform civilian Federal

duty for not less than seven years following the completion of their professional education in lieu of active duty in a uniformed service. Such persons shall be released from active duty upon the completion of their professional education. The location and type of their duty shall be determined by the Secretary of Defense after consultation with the heads of Federal agencies concerned.

“§ 2116. Reports to Congress

“The Secretary of Defense shall report to the Committees on Armed Services of the Senate and House of Representatives on the feasibility of establishing educational institutions similar or identical to the Uniformed Services University of the Health Sciences at any other locations he deems appropriate. The last such report shall be submitted by June 30, 1976.

“§ 2117. Appropriations: limitations

“Annual and supplemental appropriations for the Department of Defense are authorized for the planning, construction, development, improvement, operation, and maintenance of the University and to otherwise accomplish the purposes of this title. However, when utilized for construction of facilities, the portion of the authorization for appropriations so utilized will not exceed \$20,000,000 in an one fiscal year unless otherwise specifically authorized by the Congress.

“Chapter 105—ARMED FORCES HEALTH PROFESSIONS SCHOLARSHIP PROGRAM

“Sec.

“2120. Definitions.

“2121. Establishment.

“2122. Eligibility for participation.

“2123. Members of the program: active duty obligation; failure to complete training; release from program.

“2124. Members of the program: numbers appointed.

“2125. Members of the program: exclusion from authorized strengths.

“2126. Members of the program: service credit.

“2127. Contracts for scholarships: payments.

“§ 2120. Definitions

“In this chapter—

“(1) ‘program’ means the Armed Forces Health Professions Scholarship program;

“(2) ‘member of the program’ means a student officer who is enrolled in the Armed Forces Health Professions Scholarship program; and

“(3) ‘courses of study’ means education received at an accredited college, university, or institution in medicine, dentistry, or other health profession, leading, respectively, to a degree related to the health professions as determined under regulations prescribed by the Secretary of Defense.

“§ 2121. Establishment

“(a) For the purpose of obtaining adequate numbers of commissioned officers on active duty who are qualified in the various health professions, the Secretary of each military department, under regulations prescribed by the Secretary of Defense, may establish and maintain a health professions scholarship program for his department.

“(b) The program shall consist of no more than four years of courses of study, with obligatory periods of military training.

“(c) Persons participating in the program shall be commissioned officers. Members of the program shall serve on active duty in pay grade O-1 with full pay and allowances of that grade. They shall be detailed as students at accredited civilian institutions, located in the United States or Puerto Rico, for the purpose of acquiring knowledge or training in a designated health profession. In addition, members of the program shall, under regulations prescribed by the Secretary of Defense, receive military and professional training and instruction. However, members of the program authorized under the provisions of this chapter shall not be detailed as students to any institution of higher learning if that institution has adopted a policy which bars recruiting personnel of any of the Armed Forces from the premises of that institution or if such institution of higher learning has directed the disestablishment of Reserve Officers’ Training Corps units at the institution despite the desire of the Armed Forces to continue such training at the institution.

“§ 2122. Eligibility for participation

“To be eligible for participation as a member of the program, a person must be a citizen of the United States and must—

“(1) be accepted for admission to, or enrolled in, an institution in a course of study, as that term is defined in section 2120(3) of this title;

“(2) sign an agreement that unless sooner separated he will—

“(A) complete the educational phase of the program;

“(B) accept an appropriate reappointment or designation within his military service, if tendered, based upon his health profession, following satisfactory completion of the program;

“(C) participate in the intern program of his service if selected for such participation or, if not so selected, be released from active duty, under regulations prescribed by the Secretary of Defense, for a period of approximately one year to undergo intern training at a civilian hospital;

“(D) participate in the residency program of his service, if selected; and

“(E) because of his sincere motivation and dedication to a career in the uniformed services, participate in military training while he is in the program, under regulations prescribed by the Secretary of Defense; and

“(3) meet the requirements for appointment as a commissioned officer.

“§ 2123. Members of the program: active duty obligation; failure to complete training; release from program

“(a) A member of the program incurs an active duty obligation. The amount of his obligation shall be determined under regulations prescribed by the Secretary of Defense, but those regulations may not provide for a period of obligation of less than one year for each year of participation in the program.

“(b) A period of time spent in military intern or residency training shall not be creditable in satisfying an active duty obligation imposed by this section.

“(c) A member of the program, who under regulations prescribed by the Secretary of Defense, is dropped from the program for de-

iciency in conduct or studies, or for other reasons, may be required to perform active duty in an appropriate military capacity in accordance with the active duty obligation imposed by this section.

“(d) The Secretary of a military department, under regulations prescribed by the Secretary of Defense, may relieve a member of the program who is dropped from the program from any obligations imposed by this section, but such relief shall not relieve him from any military obligation imposed by any other law.

“(e) Any member of the program relieved before the completion of his period of obligation may, under regulations prescribed by the Secretary of Defense, be assigned to an area of health manpower shortage designated by the Secretary of Health, Education, and Welfare until the completion of his period of obligation.

“§ 2124. Members of the program: numbers appointed

“The number of persons who may be designated as members of the program for training in each health profession shall be as prescribed by the Secretary of Defense, except that the total number of persons so designated in all of the programs authorized by this chapter shall not, at any time, exceed 5,000.

“§ 2125. Members of the program; exclusion from authorized strengths

“Notwithstanding any other provision of law, members of the program shall not be counted against any prescribed military strengths.

“§ 2126. Members of the program: service credit

“Service performed while a member of the program shall not be counted—

“(1) in determining eligibility for retirement other than by reason of a physical disability incurred while a member of the program; or

“(2) in computing years of service, creditable under section 205 of title 37.

“§ 2127. Contracts for scholarships: payments

“(a) The Secretary of Defense may provide for the payment of all educational expenses incurred by a member of the program, including tuition, fees, books, laboratory expenses, and payments for educational services. Such payments, however (other than those for educational services), shall be limited to those educational expenses normally incurred by students at the institution and in the health profession concerned who are not members of the program.

“(b) The Secretary of Defense may contract with an accredited civilian educational institution for the payment of tuition and other educational expenses of members of the program authorized by this chapter. Payment to such institutions may be made without regard to section 529 of title 31.

“(c) Payments made under subsection (b) shall not cover any expenses other than those covered by subsection (a).”

(2) By inserting the following new items in the chapter analysis of subtitle A, and the chapter analysis of part III of subtitle A:

“104. Uniformed Services University of the Health Sciences.

“105. Armed Forces Health Professions Scholarship Program.”

(3) By amending sections 3202(e) and 8202(e) by striking out "in grades below brigadier general" and insert in place thereof "in the various grades".

(4) By amending section 5793 by striking out "in grades below rear admiral" and inserting in place thereof "in the various grades".

Amend the title so as to read: "To establish a Uniformed Services University of the Health Sciences and to provide scholarships to selected persons for education in medicine, dentistry, and other health professions, and for other purposes."

EXPLANATION OF THE AMENDMENT

The amendments expand the original purpose of the bill by including statutory authorization for the establishment of a Uniformed Services Health Professions Scholarship Program and statutory authorization to increase promotion opportunity to general and flag officer rank for officers in the Medical and Dental Corps of the Armed Services.

The amendment also recasts the language of H.R. 2 to permit its codification as part of title 10, United States Code.

PURPOSE OF THE BILL

The bill as reported is designed to overcome the critical shortage of career-oriented military personnel qualified in the health professions and the inability of the Uniformed Services to retain these personnel in a career status.

The critical shortage of career oriented military personnel qualified in the health professions has long been a matter of grave concern within the Armed Forces. Recent changes in the draft law together with the announced intention of the Executive Branch to go to an "all-volunteer force" has now made this problem acute and one of emergency proportions.

The legislation recommended by the Committee on Armed Services will attack this problem on three broad fronts:

(1) It will attack the problem on a short-term basis by establishing a very comprehensive scholarship program for the training of professionals in the health fields for careers in the Armed Forces;

(2) It will attack the long-term procurement and retention problems of these health professionals in the Armed Forces by establishing a Uniformed Services University of the Health Sciences which will include the development of a medical school for the production of career oriented physicians as well as contributing to the enhancement of the prestige and dignity of a professional medical career in the Armed Forces; and

(3) The bill, if enacted, would lift existing statutory restraints on the promotion of medical and dental officers to flag and general officer rank. Thus, with the lifting of these restrictions, medical and dental officers in the Armed Services may be given the military recognition demanded by their professional capabilities and responsibilities.

THE PROBLEM

Statutory Considerations

Under existing provisions of law, a member of the Uniformed Services has a statutory right to medical and dental care. (Section 1074 of title 10, U.S. Code). Moreover, Congress, in writing the provisions of the Draft Act, stipulates in Section 4(a) of the Act that:

No persons shall be inducted for such training and service until adequate provisions shall have been made for * * * medical care, and hospital accommodations * * *.

Congress has also specifically designated the Secretary of Defense as the Federal official responsible for insuring that the members of the Uniformed Services will have available to them adequate medical and dental care and associated facilities. (Section 1073 of title 10, United States Code)

These statutory provisions, therefore, require that the Secretary of Defense and the individual military services procure and retain adequate numbers of highly skilled physicians and dentists, and other members of the health professions to meet the health care requirements of the Uniformed Services.

Fortunately, despite the disproportionately higher monetary inducements available in the civilian economy to members of the health professions, particularly physicians, the Armed Services have heretofore been capable of *procuring* adequate numbers of personnel to satisfy the health requirements of the Uniformed Services. This procurement of skilled personnel trained in the health professions has, however, been almost entirely due to the persuasiveness of the draft law. The "persuasiveness" of the draft law will shortly no longer apply.

As members of the House will recall, the Executive Branch has recommended termination of all undergraduate student deferments. This discretionary authority has now been returned to the President under the provisions of H.R. 6531, (1971 amendments to the Draft Act)—recently signed into law by the President.

The Military Selective Service Act of 1967, including the 1971 amendments recently enacted, continues to provide the President with authority, in Section 5(a) of that Act, to order for induction:

Persons qualified in needed medical, dental, or allied specialist categories.

It is this authority which is often referred to as the so-called "Doctor Draft Law." Heretofore, this statutory authority has enabled the President to order for induction, until age 35, any registrant possessing a special skill in the health professions which the Armed Services were unable to otherwise obtain through voluntary means.

However, the authority to induct these skilled health professionals until age 35 stems from another provision in the draft law which provides that an individual registrant will have extended liability for the draft beyond age 26 if prior to his attaining age 26 he had been given a deferred status. (Sec. 4(a) of the Military Selective Service Act of 1967, as amended.)

Since all undergraduate students had heretofore been given a deferred status by virtue of their undergraduate training, they concurrently incurred extended liability to age 35. However, this extended liability in the case of registrants *not* in the health professions was

relatively meaningless since registrants other than those in the health professions were not inducted once they had attained age 26. On the other hand, registrants skilled in the health professions are singled out by the statute because of their unique and critical skills and identified therefore as being liable for induction until age 35—provided they had been deferred prior to attaining age 26.

The President has now announced the cancellation of all future undergraduate student deferments except, of course, for divinity students. (Provision for divinity students is embodied in Section 6(g)(2) of the Military Selective Service Act of 1967, as amended.) Thus, those college students now entering the educational system for the first time will no longer be granted a deferred status. Hence, such students will be exposed to draft liability during their period of undergraduate training and before attaining age 26. These registrants, once exposed, will therefore no longer be vulnerable for a second time under the so-called "Doctor Draft Law."

Stated another way, under existing law the ability of the President to order for special induction those registrants possessing special skills in the health professions above age 26 will be virtually eliminated within the next six years.

The gradual, but certain, elimination of the President's statutory authority to draft "doctors" will inevitably result in a genuine medical and health care crisis in the Armed Services unless timely remedial action is instituted by the Congress.

Military Considerations

Our Armed Forces are a voracious consumer of physician manpower. Since 1967 our military services have required the annual input of approximately 4 to 5,000 physicians to satisfy their health care requirements. The President's Commission on an all-volunteer armed force (Gates Commission), in commenting on this general subject in 1970, stated—

Eighty percent of all male physicians in the United States under 35 have served in the Armed Forces or have held reserve commissions. No other group in our society has had such heavy relative demands placed upon it for military service. Only 4 percent of male physicians under 35 who are eligible for service have not yet served. In the last four years, more than 4500 doctors entered active duty service annually—fully 60 percent of the number graduating from medical school each year.

Despite this tremendous input of physician manpower into the Armed Forces, the retention rate of this group since the Korean War is less than 1 percent.

The total physician complement currently on duty in the Armed Forces is 14,075. Of these, only 5,301 represent the career force. This career force core is further eroded by the fact that 1,734 are in training (residencies, etc.), 2,138 more are undergoing an "apprenticeship" doing clinical work under supervision. This leaves the balance of the corps at 1,429. Of this 1,429, 904 represents the total number of medical officers acting as commanders and supervisors of our medical installations worldwide. The Department's research and development group of 125 is spread correspondingly thin. The attrition rate of this

"core of the corps" has been appalling. In 1966-67 an over 38% loss of career officers occurred.

In order to better illustrate the problems of physician retention in the Armed Forces, there are included two short tables. The first table reflects the total physician strength of the Armed Forces together with gains and losses over the period 1967 through 1971.

The second table covers the same data except that it is limited to the Regular medical officer structure.

TOTAL DOD PHYSICIAN GAINS AND LOSSES

	End fiscal year strength	Gains	Losses
Fiscal year:			
1967.....	14,735	4,490	3,150
1968.....	15,044	5,174	4,865
1969.....	15,754	5,629	4,919
1970.....	15,581	5,161	5,334
1971.....	14,066	4,060	5,575

DOD REGULAR MEDICAL OFFICER STRENGTHS, GAINS AND LOSSES

	End fiscal year strength	Gains	Total losses	Registrations	Voluntary retirement
Fiscal year:					
1967.....	4,846	538	625	430	124
1968.....	4,712	421	555	386	118
1969.....	4,706	491	497	364	92
1970.....	4,446	328	588	389	139
1971.....	4,067	252	631	456	94

Attention is called to the gains and losses columns in the second table for the period 1969 through 1971. An inspection of that portion of the table reveals that Departmental losses of Regular medical officers has increased at an alarming rate. Obviously, if this rate of attrition continues, the Services will soon have no medical career force of any consequence with a corresponding impact on the quality of medical care provided our Armed Forces personnel.

These tremendous losses of physician manpower in the career force are a clear indication that Congress must take positive and prompt action to ensure that its moral and statutory obligations to provide the highest order of health care to our Armed Forces is properly discharged.

The Congress, under the leadership of the Committee on Armed Services, has provided numerous statutory authorizations for the purpose of providing additional incentives for physicians to remain on active duty and become career personnel. It is evident that all of these enactments, including very substantial monetary incentives such as special pay, continuation pay, accelerated promotions, and increased retirement benefits, have not been sufficient to stem the mass exodus of physicians from active military service.

The inability of the Armed Services to retain highly trained health professionals in the Medical Corps portends an alarming deterioration in the overall quality of medical care which will be available to our Armed Services in the immediate future.

Coupled with the problem of a reduction in the "quality" of health care provided our Armed Forces, is the problem posed by the future inability of the Armed Services to rely on the "Doctor Draft Law" to

procure adequate numbers of personnel in these highly critical areas. It goes almost without saying that the overwhelming majority of personnel in these professions, particularly in the physician area, who enter on active duty in the Armed Services do so under compulsion of the draft. The fact that most physicians are not military oriented or career minded is evidenced by their failure to remain on active duty subsequent to the completion of their obligated service.

Thus, with the future loss of the persuasiveness of the "Doctor Draft Law", it is evident that the Armed Services will not be able to initially procure adequate numbers of health professionals to meet the health needs of Armed Forces personnel.

To illustrate this point, in Fiscal Year 1971 there were no physicians specially ordered for induction under the Doctor Draft Law. All of the physicians who entered during that year entered "voluntarily". However, in Fiscal Year 1972, the Armed Services were required to order to active duty 1,531 physicians because of their inability to procure adequate numbers through "voluntary" means. This situation will undoubtedly worsen in the immediate future.

National Considerations

The fact that our nation has a shortage of manpower in the health sciences, and particularly in the area of trained physicians, scarcely requires any elaboration.

The critical shortage of physicians has been acknowledged by both the President of the United States and the American Medical Association. The President's National Advisory Commission on Health Manpower in November 1967 expressed grave concern over this problem, and in its report strongly recommended that—

The production of physicians should be increased beyond presently planned levels by a substantial expansion in the capacity of existing medical schools and *by continued development of new schools.* (Emphasis supplied.)

The Carnegie Commission on Higher Education in its report of October 1970 stated:

Whether or not one accepts as accurate the estimate of a current shortage of 50,000 physicians, cited by Dr. Egeberg, there is no question, in our judgment, that an *acute shortage exists.*

The Commission went on to say that, therefore, it—

believes that strong support must be given to expansion of the number of student places for M.D. candidates in medical schools, and

recommends that the number of medical school entrants should be increased to 15,300 by 1976 and to 16,400 by 1978.

In contrast to this recommendation of the Commission is the fact that under currently established programs the anticipated enrollment of first-year students in medical schools by 1975 will probably not exceed 13,600 students, a significant shortage of thousands of entrant spaces.

It is also pertinent to note that of the approximately 310,000 physicians (MD's) professionally active in the United States, more than 53,000 are graduates of foreign medical schools. Thus, today, about one of every six physicians is a foreign graduate and the proportion is rising.

One of every four newly licensed physicians is a foreign graduate.

One of every three interns and residents in U.S. hospitals in 1968-69 was a foreign graduate. This nation has indeed become an importer of medical manpower when certainly the reverse should obtain.

Perhaps one of the most disturbing facts concerning medical education in the United States today is that there are *at least* two qualified applicants for every training space available in the American medical education system. As a matter of fact, there are, today, thousands of Americans who because of the competition and the lack of training spaces for a medical education in the United States, have been forced to attempt to obtain a medical education in a foreign country under obviously very difficult circumstances.

Estimates vary as to the number of American students abroad pursuing medical training, but it is conservatively estimated that there are at least 3,000 such students, and some authorities place this figure as high as 8,000.

In short, we have a national physician shortage that inevitably impacts on our military physician problem.

THE SOLUTION

General

As previously indicated in this report, the Committee on Armed Services views the problem of health care and the immediate problem of procuring and retaining skilled health professionals in the Uniformed Services as one which requires immediate action in three general areas:

(1) It proposes to attack the short-term problem of procuring training professionals in the health fields for careers in the Armed Forces by approving a comprehensive scholarship program advocated by the Department of Defense.

(2) It proposes to attack the long-term procurement and retention problem of these health professionals in the Armed Forces by establishing a Uniformed Services University of the Health Sciences which will both alleviate the procurement problem of health professionals and will also contribute immensely to the enhancement of the prestige and dignity of a career in military medicine; and

(3) It also proposes legislative action which will eliminate existing statutory restraints on the promotion of medical and dental officers to flag and general officer rank. The Committee on Armed Services believes that the lifting of these restrictions will provide the individual Services with a management tool which, if used prudently, can provide medical and dental officers in the Armed Services with the military and monetary recognition demanded by their professional capabilities and responsibilities.

The Scholarship Program:

The Department of Defense, by letter dated February 21, 1971, submitted draft legislation to the Congress which would provide scholarships to selected persons for education in medicine, dentistry, and other health professions.

In testimony before the Committee on Armed Services in connection with H.R. 2, departmental witnesses in supporting the objectives of H.R. 2, urged the Committee on Armed Services to include in its legislative action the proposal of the Department relating to the

establishment of a comprehensive scholarship program for the health professions.

Departmental witnesses, in urging inclusion of this departmental legislative proposal, emphasized their growing concern over the inability of the Military Departments to retain these health professionals for a long-term career in the Armed Forces. Also, witnesses emphasized their concern that the retention problem for these personnel in the Armed Forces would be worsened by virtue of the forthcoming inability of the Military Departments to utilize the Doctor Draft for the procurement of highly skilled personnel in the health professions.

Each of the Military Departments now has a program involving a partial subsidization of medical education in return for obligated service. These programs, however, are small and lack uniformity. The legislative proposal recommended by the Department would provide a specific statutory basis for a larger and uniform program covering all the health professions for which there is a need in the military medical services and which require training beyond the baccalaureate level.

In testifying in behalf of this proposal, Departmental witnesses advised the Committee as follows:

Under the proposal, qualified persons accepted by (or already attending) an accredited graduate school and who are pursuing an education in one of the health professions, would be appointed as second lieutenants or ensigns, ordered to active duty with full pay and allowances and stationed at their respective civilian colleges or universities. In addition, their tuition, books and other educational fees would be paid for by the Government. In return for this financial assistance, participants would incur an active duty obligation, the amount of which would be determined under regulations prescribed by the Secretary of Defense. The proposal provides, however, that the Secretary may not prescribe the period of less than one year for each year of participation in the program.

The Department of Defense recognizes that the pay and allowances of a second lieutenant/ensign would provide participants with funds considerably greater than those now generally available to students in the health professions under various scholarship and loan programs. The Department also recognizes, however, that the other loan and scholarship programs now available in increasingly large numbers do not involve any obligation for military service and that, in fact, acceptance of the funds in question generally involves no obligation whatsoever.

The cost of an education in the health professions continues to increase. For many gifted and deserving young people, the substantial outlay required to complete such an education rules out any possibility of their entering the professions in question. The establishment of the program covered by this proposal will offer these young people an opportunity otherwise denied them. At the same time, greater stability would accrue to the military medical services if the program is successful.

The program contemplated by this proposal will be partially successful if it results in significant improvement in the number of commissioned officers in the health professions who serve on active duty beyond two years. It will be completely successful if it results in a retention rate, upon completion of obligated service, of at least 10% of those who participate. The Department of Defense believes that a long-term and voluntary exposure to the military medical services, beginning as a student, will have that beneficial result.

In his message to the Congress of April 23, 1970, the President indicated that one of his objectives is to achieve an all-volunteer force as soon as such an objective can be achieved prudently in view of the military manpower requirements necessary for the national security of the United States. This proposal is intended to assist in the attainment of that objective.

Implementation of the Scholarship Program

Under the proposed scholarship program, 1,800 qualified individuals who have been accepted (or are already attending) an approved professional school would be appointed as second lieutenants or ensigns, ordered to active duty with full pay and allowances, and stationed at their respective civilian schools in exchange for an active duty obligation. The Secretary of Defense would prescribe the amount of obligated service required, except that he could not prescribe a period of less than one year for each year of subsidy. (The adoption of this concept would permit flexibility and a possible upward revision of payback time, depending upon the number of qualified applicants in future years.) The average cost per scholarship year is approximately \$11,000. Some students would be subsidized for one year and others for two, three or four years.

For the first year (fiscal year 1972) a total of 1,800 scholarships are proposed. The cost for these scholarships for a full year would be \$20 million, however the amount for fiscal year 1972 will be less because the school year will, in most instances, be well underway before the scholarships are granted. (The allocation by service is in proportion to annual procurement requirements.) Service allocations would be as follows:

	Scholarships	Cost (millions)
Army.....	675	\$7.5
Navy.....	540	6.0
Air Force.....	585	6.5
Total.....	1,800	20.0

Depending upon need and availability of funds, the annual total input could be raised to 5,000 by fiscal year 1977 by expanding medical and dental participation and adding the various other health professions required for an all-volunteer force.

While students for the program will be sought from all appropriate professional institutions, it is anticipated that some institutions will have large concentrations of scholarship students and that these institutions will play a major role in educating students in the

health professions for the Uniformed Services. The Department anticipates that, in such cases, it will be preferable to negotiate directly with the institutions to annually accept a certain number of students who are jointly selected by the Department of Defense and the institutions. In general, such institutions would be those that are located in the vicinity of major medical facilities of the Uniformed Services and that enter into comprehensive affiliation agreements with the Department of Defense for postgraduate and continuing education of health personnel in those facilities. Because most medical schools operate at a large deficit per student year, it is expected that the Department of Defense will have to pay a per capita amount for educational services when it enters into agreements with institutions to accept an annual quota of scholarship students. The amount may vary by institution but it is expected that, by fiscal year 1977, the average cost per student will, as a result of payments for educational services, be approximately \$15,000.

The planned breakout by profession for the first year of program operation is as follows:

Professions:	Number of scholar- ships
Medicine-----	1, 350
Dentistry-----	450
Total-----	1, 800

The projected breakout by the fifth program year is as follows:

Professions:	Number of scholar- ships
Medicine-----	2, 650
Dentistry-----	325
Allied Sciences ¹ -----	325
Total-----	3, 300

¹ See following list of the professions and disciplines covered by this term.

ARMED FORCES HEALTH PROFESSIONS SCHOLARSHIP PROGRAM

PROFESSIONS AND DISCIPLINES TO BE REPRESENTED

Medicine	Health Physics
Osteopathy	Clinical Psychology
Dentistry	Psychiatric Social Work
Veterinary Medicine	Pharmacy
Bioenvironmental Engineering	Optometry
Entomology	Podiatry
Bacteriology	Speech Therapy
Biochemistry	Audiology
Virology	Laboratory Science
Aviation Physiology	Sanitary Engineering

Fiscal Aspects of the Scholarship Program

The Department of Defense estimates that implementation of this scholarship program will result in first-year costs of approximately \$20,000,000, followed by annual costs thereafter in the range of \$40,000,000 to \$50,000,000. Set out below is an estimated allocation of these costs over the 5-year period together with the amount attributable to each of the respective Armed Forces:

COST AND BUDGET DATA

It is estimated that the enactment of this provision will result in the following additional annual costs (in millions):

	Fiscal year—				
	1972	1973	1974	1975	1976
Army.....	\$7.5	\$15.0	\$18.8	\$18.8	\$18.0
Navy and Marine Corps.....	6.0	12.0	15.0	15.0	15.0
Air Force.....	6.5	13.0	16.2	16.2	16.2
Total.....	20.0	40.0	50.0	50.0	50.0

The Uniformed Services University of the Health Sciences

The Committee on Armed Services strongly supports the concept and the need for a Uniformed Services University of the Health Sciences.

Our present civilian medical schools do not adequately prepare a physician for a career in military medicine. The present programs lay a superb foundation in medical education but fail to encompass disciplines peculiar to the military environment. One need only allude to such entities as triage in mass casualties, tropical diseases, parasitology, the adverse effects of hostile environments be they high altitude, deep sea, or the tropics. The military physician has been the pioneer and the primary investigator in all these areas.

Military physicians have, for thousands of years, been in the forefront of the giant advances made in medicine. The printed hearings of the Committee document the long and proud heritage which military medicine through the ages has developed and fostered.

The Committee on Armed Services believes that to ensure a continuation of the great contributions that can be forthcoming from military medicine to our society, there must be given to military medicine the opportunity to develop its fullest potential and prestige. That potential and prestige requires the establishment of a Uniformed Services University of the Health Sciences.

An institution of this kind will be the fountainhead for the training of truly professional military physicians who will find that the challenge of military medicine and its incentives more than compensate for the rigors and discipline associated with military life.

Testimony received by the Committee on Armed Services from James C. Cain, M.D., Chief of Gastroenterology and Consultant in Medicine, Mayo Clinic, and former Chairman of President Lyndon B. Johnson's National Advisory Committee to the Selective Service System for the selection of physicians, dentists and allied medical personnel, reflects the strongest possible endorsement for the establishment of a Uniformed Services University of the Health Sciences. Dr. Cain, in commenting on this concept, stated as follows:

I have been interested in the problem of an Armed Services Medical School for many years, dating back to the time I was in the armed services in 1940. My interest crystalized in 1964 or 1965 when President Johnson appointed me as Chairman to the National Advisory Committee to the Selective Service System for the selection of physicians, dentists and allied

medical personnel. I thought he was my friend when he appointed me. I was not sure after I has been in awhile.

You will recall that at that time we had real problems. I go into this history because the thing I want to discuss with you gentlemen is the philosophy of this. I think our problem is the philosophy: Do we want a school or not? We can get into the details, but the philosophy is what we are fighting with the doctors about—and we are fighting with them. I am one of them and I understand this. Everybody is trying to give their best opinion.

Let me give a little philosophy: At that time every physician in this country under the age of 35 was either in the armed services or had been in the armed services. We were calling in doctors that had been in practice for years, 34 years of age, say, in a community, and that community needed this doctor, needed him dearly. So this is not an armed services problem alone. This is a problem of our entire country.

I was very incensed at your difficulties at that time, and persuaded, or helped persuade, President Johnson to appoint a Presidential Commission on Medical Manpower, and was on this Commission.

We came up with a great many points, but only one or two I want to really talk about. One was that we were in a real crisis as far as physicians were concerned. We had to have more physicians. At least we had to give more medical care to our people. How were we going to do it? (1) We came up with the idea that we had to have more medical schools, everyone agreed—though at times hesitantly.

We agreed that we had to deliver medicine better, that we doctors had to get away from our fixed ideas—which we have—of it having to be a one-to-one type of problem. We had to get around to delivering medicine more efficiently and better to more people.

We got to the point that we said we had to use allied medical personnel, no longer could we afford to have the doctor doing things that could be done by anyone right out of high school, literally, and do it as well as the doctor, and use the doctor who had had some 13 years of training.

We came to the point of saying that we had to look at our armed services—carefully—and be sure they weren't using one single doctor inefficiently and in a way he shouldn't be used. We had to go into this carefully.

We had to look at another point—I am telling you nothing new, of course. But we had to find out how we could increase our personnel corps, our professionals in the armed services medical department. This was important. One doctor who stays in 20 years replaces 10 we have to draft, and literally more than that, because if he knows the ropes he does a better job than if he comes in in transit.

How does all this fit in with a medical school? In several ways, I think.

One other thing happened at that time having to do with the use of medical personnel. General Heaton and President Johnson were interested in this, and they let me have the

opportunity to visit Japan, the Philippines, and Vietnam, to look at our medical installations there, with others—Admiral Burke, with Oscar Hampton. We looked at this to see if we could find places where there was overusage of physicians. We found some we thought there was; we made suggestions, and the services are doing something about it.

But while we were there we did what I think all of us do on these trips: We asked these young men there what were their plans, did they plan to remain in the armed services as a career? They gave many reasons why they wouldn't, and we will not go into all of them. Money, of course, came up, but I think money was really somewhat secondary. There was this vague feeling, often expressed very clearly, that they did not feel that they had the respect of their peers in the armed services, they felt they were a kind of second-class problem, and that there was some lack of esprit de corps and lack of morale, I think this is very, very important.

I talked to people who had been in the service 9 years, 15 years, who were getting out. These were not the obligated pay-backs which we call, to some extent, the Regular Army. These people planned to make a career of it, but they were unhappy.

Now, why? One reason that always came up was "Well, I am not able to do enough teaching. I can't get my papers published." This is not true, but they felt it was true, because it came from an armed services doctor.

If I could look forward to being an associate professor, professor, this would have a great influence. This is where our medical schools come in and I think it is important and essential to have it.

1. We need more physicians. Certainly the medical school will not turn out enough physicians to take care of the armed services; 100 or 200 is not enough, but it will help to give us a strong corps. Not all our physicians should come from the Armed Services Medical School.

2. It will help the morale of the men who are in right now, give them prestige and a chance to compete for these jobs which they want.

3. It will increase our permanent corps, and we will have to draft fewer.

How about this medical school? If this is to be a poor medical school, I would go entirely against it. But, gentlemen, I think this can be the most exciting school imaginable, and with very little difficulty—money. This is our money, your money, my money we are talking about, but at least it is available. We are not talking about money as great as far as the Defense Department is concerned. Of course, we are talking about lots of money, but money will be available. Every medical school in this country is having great difficulties, financially, now. And we have to do something about it. This is something that we, the people, we, you, the Government is going to have to look into. We are going to have to subsidize medical schools more, if we are to get doctors.

4. Clinical material is abundant. This has been testified to already, in this area—no question about it. We have

talked about "Can we get the basic scientists? My goodness, NIH is knee-deep in them, with the best in the world there right at NIH. The armed services have them. They are there.

Good teachers: If they pirate our armed services now to get teachers into the universities, certainly they have them available right now in the armed services. It is just that we have to have the guts to go ahead and do it and get this thing done.

This could be a model for the country. And it should be. We have the money, we have the know-how, we have the chance to experiment, to try things. A medical school, civilian medical school, can not afford these trials. They go broke. We have, and we must, try new things. We can have all the things we need—allied medical personnel—to try this thing. We are doing it now. But we have more systems of delivery of medicine, use of computers, all these things.

We old fogies like me drag our feet on this a little bit. We have to think, we have to look progressively. This school could do it, as I see it, gentlemen.

Think of how you could train these young men in their second year. You could put them on a plane, take them to where the academic work is, take them to Vietnam, let these junior and senior students get their hands into the work that they are doing. They would be a help to them there and they would be learning.

I think this medical school and its possibilities are limited only by really our dreams and our imagination.

Gentlemen, I could go on and on. I get their view about it, because I think it is a great idea.

The testimony of Dr. Cain was corroborated by many other witnesses who shared the enthusiasm of Dr. Cain over the prospects and challenge of this new concept.

A university of this kind for the Armed Forces will offer an opportunity for our personnel in the health professions to advance in the health professions, to do teaching, research, and to obtain further professional accreditation in their chosen specialties. It will, in the view of the Committee on Armed Services, provide the focal point for the professional leadership so evidently missing in military medicine today.

The Committee would like to emphasize that the concept of a government medical school is neither novel nor new. There are at least 18 countries that now have government medical schools for their Armed Forces. Nine are self-contained schools, with the medical course under military direction, while nine are administrative military organizations for groups of students who study at regular civilian medical schools. Some of these medical schools have been operating for many years and both the level of medical training as well as caliber of the physicians they produce have not been the subject of any criticism. As a matter of fact, in some countries these medical training programs are the nation's principal source of trained physicians.

It should also be noted that in our country the vast majority of the medical schools which are now operating are no longer "private schools" but are in fact public institutions with their support coming primarily from State and Federal funds.

In view of these circumstances, the Committee therefore finds it most difficult to comprehend the tremendous opposition that is generated from certain segments of organized medicine whenever the idea of a medical school for our Uniformed Services is put forward in a legislative proposal.

The Committee is well aware of the fact that the creation of a medical school *de novo* is ordinarily a long and arduous process covering a span from five to ten years. A dean and faculty of medicine, and associated medical disciplines, must be laboriously recruited and assembled. In addition, costly capital outlays must be forthcoming to build facilities such as an administrative center, basic science buildings, laboratory, research facilities for the basic and clinical sciences, housing for faculty and students, and teaching hospitals with an adequate patient census.

Fortunately, much of these resources are already in being and available in the Washington metropolitan area. There are in the Washington metropolitan area, military and Federal medical resources whose full potential in contributing an increased production of physicians has never been fully utilized. Within the environs of the Nation's Capital, for example, may be found the National Institutes of Health, the Armed Forces Institute of Pathology, the Armed Forces Radiobiology Research Institute, the National Library of Medicine, Walter Reed Army Institute of Research, Walter Reed Hospital, the Naval Medical School and Research Institute, the Naval Hospital at Bethesda, Andrews Air Force Base Hospital, the Walter Reed Army Institute of Nursing, and the Hospital of the Veterans Administration. These facilities, with their staffs, their patient population, their clinics, laboratories, libraries and classrooms form major assets for the creation of a medical education center.

These elements represent an enormous capital investment, all national assets, all currently operational, all mature institutions, many of which have national and international reputations. It would appear to be no longer justifiable, in the face of the urgent requirements for expansion of our medical education system, to leave these resources untapped. It is time for the Federal Government to capitalize on them by the creation of a medical school which will meet at least a portion of the medical needs of our Armed Forces and thus serve the nation as a whole.

This bill will provide the Department of Defense with the authority required to initiate the necessary actions which will result in the establishment of a Uniformed Services University of Health Sciences with its first major project the actual establishment of a medical school for the training of Uniformed Services personnel.

The University which is to be established within the greater metropolitan Washington area is to be so organized as to graduate not less than one hundred medical students annually with the first class graduating not later than ten years from the date of enactment of this Act.

The business of the University, as well as the medical school itself, would be conducted by a Board of Regents using funds appropriated for and provided by the Department of Defense.

The Board would consist of nine civilian members. These members will be civilians appointed by the President, by and with the advice and consent of the Senate. In addition, the Board of Regents would include six *ex officio* members, including:

(1) The Dean of the University elected and appointed by the Board from civilian life;

(2) The Secretary of Defense or his designee, and

(3) The Surgeons General of the Uniformed Services (Army, Navy, Air Force, and Public Health Service).

All members of the Board would be voting members except the "Dean."

An important provision in the bill is one which authorizes the Board to negotiate agreements with agencies of the Federal Government for the use of existing Federal medical resources located in or near the District of Columbia. Under such agreements, the facilities concerned would retain their identity and basic missions. It also authorizes the Board to negotiate affiliation agreements with an accredited university or universities in or near the District of Columbia, including provision for payment for educational services provided students participating in Department of Defense educational programs. It further authorizes the Board, subject to approval by the Secretary of Defense, to permit the University to become a part of a National University of the Health Sciences, if and when such an institution is established in the vicinity of the District of Columbia.

The legislation also authorizes the Board to establish postdoctoral, postgraduate and technological institutes. This provision in the bill, therefore, recognizes the vast training facilities now in existence among Federal medical resources in or near the District of Columbia and would permit greater use of their training potential.

The legislation further provides that students shall be commissioned officers of a Reserve component of a uniformed service and that they shall serve on active duty in pay grade O-1 with full pay and allowances of that grade. Upon graduation they would be appointed in a Regular component, if qualified. Payback time for students would be as prescribed by the Secretary of Defense, but not less than seven years, excluding time spent as an intern or resident and obligated service in connection therewith. Students who fail to graduate could be required to serve on active duty for a period not exceeding twenty-four months.

Another important provision in the bill is one which provides that up to twenty percent of the graduates of any one class may agree to to perform civilian Federal duty with, for example, the Veterans' Administration or the Public Health Service, for not less than seven years following the completion of their professional education, in lieu of active duty in a uniformed service. The location and type of their duty would be determined by the Secretary of Defense in consultation with the head of the agency under which the duty was to be performed.

Finally, there is another provision in the bill which recognizes that if the concept of a University of Health Sciences proves as effective in operation as envisioned by the Committee on Armed Services, similar universities would be desirable in other geographical areas of the United States which offer the same medical resources as are available in the Washington area. Thus, the provision requires the Secretary of Defense to report to the Congress not later than June 30, 1976 on the feasibility of establishing similar universities in whatever location he deems appropriate.

Program and Budget Estimates for the Uniformed Services University of the Health Sciences

The Department of Defense submitted to the Committee on Armed Services a proposed schedule of major activities looking forward to the establishment of the University and the medical school. This schedule of major activities envisioned initiation of the project in Fiscal Year 1971, subsequent development of facilities, and the acceptance of full-time students in the University in the time frame 1976-1977.

The accomplishment of these programed objectives has also been the subject of budget estimates by the Department of Defense. These budget estimates are set out below for a 10-year period, which concludes with the graduation of the first class of a minimum of 100 doctors of medicine:

PRELIMINARY BUDGET ESTIMATES FOR THE UNIFORMED SERVICES UNIVERSITY OF HEALTH SCIENCES

[In thousands of dollars]

	Year—									
	1st	2d	3d	4th	5th	6th	7th	8th	9th	10th
Operations and maintenance budget:										
Full-time dean's office and administration staff budget	327	683	1,428	2,239	3,120	4,077	3,409	3,564	4,656	4,867
Basic sciences department and clinical departments budget							3,810	7,297	10,800	16,715
Architect-engineer design fees:										
Basic Science Center		929	971							
Clinical Departments		115	120							
Parking-Transportation		88	92							
Construction budget:										
Basic Science Center				8,461	8,845	9,247				
Clinical Departments				827	864	904				
Parking-Transportation				1,063	1,111	1,162				
Total (\$101,791,000)	327	1,815	2,611	12,590	13,940	15,390	7,219	10,861	15,456	21,582

Increased Promotion Opportunity

This bill will also eliminate existing statutory restraints on the promotion of medical and dental officers to flag and general officer rank. The lifting of these restrictions will provide the individual Services with a management tool which, if used prudently, will provide medical and dental officers in the Armed Services with the military and monetary recognition demanded by their professional capabilities and responsibilities.

Many witnesses, including the former Surgeon General of the Army, Lt. General Leonard D. Heaton, USA, Retired, strongly urged inclusion of this legislative change as a necessary management tool to increase the retention of career-oriented military physicians and dentists.

The Committee concurs with this objective and urges the respective Armed Services and the Department of Defense to utilize this management device with imagination and resourcefulness so as to increase the retention of these highly skilled health professionals.

Implementation of this discretionary authority will not result in any significant costs, and therefore will not require any increased personnel appropriation by the Department of Defense.

DEPARTMENTAL DATA

Set out below are communications received from the Executive Branch relating to this legislative proposal:

FEBRUARY 21, 1971.

Hon. CARL ALBERT,
Speaker of the House of Representatives,
Washington, D.C.

DEAR MR. SPEAKER: A draft legislation "To amend title 10, United States Code, to provide scholarships to selected persons for education in medicine, dentistry and other health professions" is enclosed.

This proposal is part of the Department of Defense Legislative program and the Office of Management and Budget has advised that the enactment of the proposal would be in accord with the program of the President. It is recommended that the proposal be enacted by the Congress. This proposal is also being sent to the President of the Senate.

PURPOSE OF THE LEGISLATION

The purpose of the proposed legislation is to authorize the establishment of an Armed Forces Health Professions Scholarship Program. The objective of such a program is to ensure an adequate number of commissioned officers on active duty who are qualified in the various health professions required in order to provide proper military medical services for our Armed Forces.

The critical shortage of career or long-term military personnel who are qualified in the health professions has long been a matter of concern within the Department of Defense. Of the physicians in the Medical Corps of the Army, Navy and Air Force, for example, over 9,000 of the approximately 15,000 such officers on active duty have less than two years of active service. These officers, for the most part, will be released from active duty under current law when they attain that amount of service. Only 800 physicians in the Medical Corps have between three and four years of active service, with lesser numbers (for each of the years covered) having any greater amounts of service.

Each of the Military Departments now has a program involving a partial subsidization of medical education in return for obligated service. These programs, however, are small and lack uniformity. The attached proposal would provide a specific statutory basis for a larger and uniform program covering all the health professions for which there is a need in the military medical services and which require training beyond the baccalaureate level.

Under the proposal, qualified persons accepted by (or already attending) an accredited graduate school and who are pursuing an education in one of the health professions, would be appointed as second lieutenants or ensigns, ordered to active duty with full pay and allowances and stationed at their respective civilian colleges or universities. In addition, their tuition, books and other educational fees would be paid for by the Government. In return for this financial assistance, participants would incur an active duty obligation, the amount of which would be determined under regulations prescribed by the Secretary of Defense. The proposal provides, however, that the Secretary may not prescribe the period of less than one year for each year of participation in the program.

The Department of Defense recognizes that the pay and allowances of a second lieutenant/ensign would provide participants with funds considerably greater than those now generally available to students in the health professions under various scholarship and loan programs. The Department also recognizes, however, that the other loan and scholarship programs now available in increasingly large numbers do not involve any obligation for military service and that, in fact, acceptance of the funds in question generally involves no obligation whatsoever.

The cost of an education in the health professions continues to increase. For many gifted and deserving young people, the substantial outlay required to complete such an education rules out any possibility of their entering the professions in question. The establishment of the program covered by this proposal will offer these young people an opportunity otherwise denied them. At the same time, greater stability would accrue to the military medical services if the program is successful.

The program contemplated by this proposal will be partially successful if it results in significant improvement in the number of commissioned officers in the health professions who serve on active duty beyond two years. It will be completely successful if it results in a retention rate, upon completion of obligated service, of at least 10% of those who participate. The Department of Defense believes that a long-term and voluntary exposure to the military medical services, beginning as a student, will have that beneficial result.

In his message to the Congress of April 23, 1970, the President indicated that one of his objectives is to achieve an all-volunteer force as soon as such an objective can be achieved prudently in view of the military manpower requirements necessary for the national security of the United States. This proposal is intended to assist in the attainment of that objective.

COST AND BUDGET DATA

It is estimated that the enactment of this proposal will result in the following additional annual costs (in millions):

	Fiscal year—				
	1972	1973	1974	1975	1976
Army.....	\$7.5	\$15.0	\$18.0	\$18.8	\$18.8
Navy and Marine Corps.....	6.0	12.0	15.0	15.0	15.0
Air Force.....	6.5	13.0	16.2	16.2	16.2
Total.....	20.0	40.0	50.0	50.0	50.0

Funds have been included for this purpose in the President's budget for FY 1972.

Sincerely,

J. FRED BUZHARDT

Enclosure.

THE SECRETARY OF DEFENSE,
Washington, D.C., July 20, 1971.

HON. F. EDWARD HÉBERT,
*Chairman, Committee on Armed Services,
House of Representatives, Washington, D.C.*

DEAR MR. CHAIRMAN: I am pleased to respond to your request regarding my position on designating a medical school for military personnel.

A major roadblock to the achievement of the President's goal of an all-volunteer force is the long-range problem of attracting and retaining health sciences personnel vital to the conduct of the mission of the Department of Defense.

Today, only about one in four of the physicians in the Armed Forces is a career officer with no indication of an improvement in the foreseeable future. Thus our ability to provide adequate medical service for the Armed Forces is totally dependent on the medical draft. It would be difficult in the extreme to justify the drafting of medical personnel only. A large percentage of all male physicians who are eligible for military service have served. As stated by the Gates Commission "no other group in our society has had such heavy relative demands placed upon it for military service."

As ranking member of the Health, Education, and Welfare Appropriations Committee and Defense Committee, I joined with you in support of the establishment of a Uniformed Services University of the Health Sciences. Since leaving the Congress and taking on the responsibilities as Secretary of Defense, my personal support for this legislation has been strengthened. The urgent need still exists for the establishment of a Uniformed Services University of the Health Sciences to make the military medical departments producers physicians and members of other health professions rather than merely large-scale consumers of scarce categories of health personnel. It would also add significantly to the total number of members of the health professions available in the national medical manpower pool. It would afford us a means of attracting a significant number of members of the health professions into the military departments. It would also greatly assist us in retaining highly qualified members of the health professions, for we have concluded that one of the most important retention factors for physicians and other members of the health professions is the opportunity of functioning in a professional environment of the highest caliber. The proposed university would contribute measurably toward the attainment of that environment by providing academic teaching positions for military health professionals and university cooperation in establishing and monitoring training programs throughout the military departments. Ultimately, we would expect that it would result in improved medical care and treatment of all beneficiaries of our health care system.

I am still convinced that the establishment of such an institution will provide the professional stimulus to staunch the annual severe losses of military physicians and other health professionals that we have experienced in recent years. I personally continue to believe that it would become the cornerstone of the foundation we need to attain an all-volunteer medical force.

Accordingly, my position expressed as a Member of Congress and now as Secretary of Defense is in favor of the enactment of legislation to authorize the establishment of a Uniformed Services University of the Health Sciences in the Washington area at a site to be selected by the Secretary of Defense, with authority to grant appropriate degrees.

Sincerely,

MELVIN R. LAIRD.

FISCAL DATA

Enactment of this legislation will provide the Department of Defense and the Armed Services with new statutory authority involving three specific areas of possible increased costs. These areas of cost include the establishment of a University of the Health Sciences; the scholarship program; and finally, increased promotion opportunity for medical and dental officers.

Set out below is a table reflecting the estimated costs that will occur in the next five years if these authorities are enacted into law and fully implemented by the Departments. No increased budgetary requirements are attributed to the increased promotion opportunity for medical and dental officers since the numbers will be relatively small and the costs equally small.

[Estimated costs by fiscal years—In millions of dollars]

Subject	1972	1973	1974	1975	1976	Total
University of Health Sciences.....	0. 327	1. 8	2. 6	12. 6	14	1 34. 3
Scholarships.....	20	40	50	50	50	210. 0
Promotions.....	(2)	(2)	(2)	(2)	(2)	-----
Total.....	20. 3	41. 8	52. 6	62. 6	64	241. 3

¹ Projected costs for University of Health Sciences beyond fiscal year 1976 are as follows (in millions):

Fiscal year 1977.....	\$15. 4
Fiscal year 1978.....	7. 2
Fiscal year 1979.....	10. 8
Fiscal year 1980.....	15. 5
Fiscal year 1981.....	21. 5
Total.....	70. 4

Note: (Includes pay and allowances of faculty, students, and operating personnel as well as facilities costs, O. & M. etc.)

COMMITTEE POSITION

The Committee on Armed Services, a quorum being present, unanimously approved H.R. 2, as amended, and recommends that the House of Representatives act favorably thereon.

CHANGES IN EXISTING LAW

In compliance with clause 3 of rule XIII of the Rules of the House of Representatives, there is herewith printed in parallel columns the text of provisions of existing law which would be repealed or amended by the various provisions of the bill as reported.

EXISTING LAW

TITLE 10 U.S. CODE

* * * * *

§ 3202(e)

“(e) The authorized strengths of the Army in Officers in the Medical Corps and Dental Corps in grades below brigadier general shall be based on the needs of the Army, as determined by the Secretary under regulations to be prescribed by the Secretary of Defense.

* * * * *

§ 8202(e)

“(e) The authorized strengths of the Air Force in officers who are designated as medical or dental officers of the Air Force in grades below brigadier general shall be based on the needs of the Air Force, as determined by the Secretary under regulations to be prescribed by the Secretary of Defense.

* * * * *

THE BILL AS REPORTED

* * * * *

SEC. 2. Title 10, United States Code, is amended as follows:

* * * * *

(3) By amending sections 3202(e) and 8202(e) by striking out “in grades below brigadier general” and insert in place thereof “in the various grades”.

EXISTING LAW

"§ 5793. Authorized strengths in grade and promotions of Medical Corps and Dental Corps officers

"Notwithstanding any other provisions of this title, the authorized strengths of officers of the Medical Corps and Dental Corps in grades below rear admiral, and the selection and promotion of those officers to such grades, shall be based on the needs of the Navy, as determined by the Secretary under regulations to be prescribed by the Secretary of Defense."

THE BILL AS REPORTED

(4) By amending section 5793 by striking out "in grades below rear admiral" and inserting in place thereof "in the various grades".







